

INSTRUCTIONS:

FAX APPLICATION TO
281-275-2271
FOR APPROVAL.
PERMIT DEPARTMENT WILL CALL
WHEN APPROVED & READY TO
ISSUE & PICK UP.



CITY OF SUGAR LAND

Please Note: Proposed
occupancy must comply
with applicable zoning
district requirements.
Failure to do so is a
violation of COSL
Development Code.

NAME CHANGE/CHANGE OF OWNERSHIP APPLICATION

DATE: _____

APPLICATION#: _____

TENANT INFORMATION

ADDRESS: _____ SUITE#: _____

ZIP CODE: _____ SQUARE FOOTAGE: _____ Sales Tax ID# _____

NAME OF BUSINESS: _____

CONTACT: _____ PHONE: () _____

EMAIL: _____

BUILDING OWNER/ INFORMATION

NAME _____

ADDRESS _____ SUITE#: _____

ZIP CODE: _____ OFFICE PHONE NUMBER () _____

CONTACT: _____ PHONE NUMBER: () _____

**ATTN: RETAIL CUSTOMERS ONLY - MUST PROVIDE THE RETAIL STATE SALES TAX # @
THE TIME OF ISSUANCE. (FAXING PERMIT TO OFFICE IS OKAY / 281-275-2271)**

REASON FOR CHANGE: PLEASE SELECT ONE

☐ NEW MANAGEMENT ☐ NEW OWNER ☐ BUSINESS NAME CHANGE ☐ TENANT CHANGE
☐ OTHER _____

***** (NEXT LINES MUST BE FILLED-OUT) *****

DESCRIPTION OF USE (ATTACH A LETTER OF DETAIL DESCRIPTION OF USE ON COMPANY
LETTERHEAD W/ SIGNATURE):** _____

PREVIOUS TENANT: _____

NEW TENANT: _____

CONSTRUCTION/REMODELING ☐ YES ☐ NO

APPLICANT SIGNATURE _____ **DATE** _____

APPLICATION#: _____

ADDRESS: _____ SUITE#: _____

ZIP CODE: _____ TOTAL SQUARE FOOTAGE: _____

NAME OF BUSINESS: _____

OFFICIAL USE ONLY

SIC Code & description: _____

ZONING DISTRICT: _____

P & Z APPROVAL: _____

<u>DEPARTMENT</u>	<u>APPROVED</u>	<u>REJECTED</u>	<u>OFFICIAL</u>	<u>DATE</u>
BUILDING	_____	_____	_____	_____
FIRE	_____	_____	_____	_____
HEALTH	_____	_____	_____	_____

APPLICATION REVIEWED BY: _____

PERMIT FEE \$ 17.50

Type of Payment:

☐ Cash ☐ Escrow

☐ Check# _____

☐ Mastercard ☐ Visa ☐ American Express